# RELATÓRIO INDIVIDUAL PARA SONDAGEM – 2019

**FICHA DE QUEIXA ENSINO FUNDAMENTAL**

**Escola:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professor (a):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Aluno (a):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ano/Ciclo:**\_\_\_\_\_\_\_\_\_\_\_ **Idade:**\_\_\_\_\_\_\_\_\_\_\_ **Turno:**\_\_\_\_\_\_\_\_\_\_ **Retido?:** ( ) Sim ( ) Não

**O Principal problema é:**  ( ) Comportamento ( ) Aprendizagem ( ) Linguagem

**Qual a Hipótese de Escrita?** ( ) Pré-silábica ( ) Silábica ( ) Sem valor ( ) Silábica com valor ( ) Silábica Alfabético ( ) Alfabético

**Possui algum diagnóstico médico, psicológico?** ( ) Sim ( ) Não Qual?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POR FAVOR PREENCHA TODOS OS CAMPOS**

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| --- | --- | --- | --- | --- |
| **1. PROBLEMA COMPORTAMENTAL** | **Não apresenta** | **Pouco** | **Regular** | **Muito** |
| Agressividade ( relatar no verso tipo de situação em que a agressividade está presente). |  |  |  |  |
| Apatia desinteresse ( relatar no verso tipo de situação e onde se apresenta). |  |  |  |  |
| Falta de atenção”desligado” |  |  |  |  |
| Agitação/Hiperatividade |  |  |  |  |
| **2.DIFICULDADE DE APRENDIZAGEM** | **Não Apresenta** | **Pouco** | **Regular** | **Muito** |
| Dificuldade na Leitura de textos simples |  |  |  |  |
| Dificuldades na Escrita |  |  |  |  |
| Dificuldade na Compreensão de textos simples |  |  |  |  |
| Dificuldade com repertório numérico |  |  |  |  |
| Dificuldade com Cálculo Simples |  |  |  |  |
| Dificuldade de Memorização |  |  |  |  |
| **3. DIFICULDADE DE LINGUAGEM ORAL** | **Descreva:** | | | |
| Quais são as trocas na fala? |  | | | |
| A fala impacta na compreensão do professor e demais alunos? |  | | | |
| Quais as trocas na escrita? |  | | | |
| Adições de letras na escrita? Quais? Ex: Ventilador/Ventitilador |  | | | |
| Omissões de letras na escrita? Quais? Ex: Cadeira/cadera |  | | | |
| Ouve bem, compreende o que é dito? |  |  |  |  |
| Vai bem nas atividades da escola? |  |  |  |  |
| Houve alguma medida tomada por parte da escola? Quais? |  |  |  |  |
| **4. RELAÇÃO FAMILIA/ESCOLA** | **Descreva:** | | | |
| Participação da família na escola (reunião, eventos, processos educativos e etc)? |  | | | |
| Relação da família com a equipe escola (professor, coordenador, diretor e etc.) ? |  | | | |

**Data: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_**

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**Assinatura / Cargo**

**Observações Complementares do Professor**

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**Outras Observações da Escola**

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